

**UNITED STATES DISTRICT COURT**  
WESTERN DISTRICT OF TEXAS, DEL RIO DIVISION

United States of America

vs.

(1) Elmer Cipriano Santos

§  
§ CRIMINAL COMPLAINT  
§ CASE NUMBER: DR:14-M -05277(1)  
§

I, the undersigned complainant being duly sworn state the following is true and correct to the best of my knowledge and belief. On or about **May 04, 2014** in **Maverick** county, in the **WESTERN DISTRICT OF TEXAS** defendant(s) did, (track statutory language of offense) knowingly and willfully enter the United States at a time and place other than as designated by Immigration Officers, he/she being an alien in the United States in violation of Title **8** United States Code, Section(s) **1325(a)(1)**.

I further state that I am a(n) **Border Patrol Agent** and that this complaint is based on the following facts: *"On May 6, 2014, the defendant, Elmer Cipriano SANTOS, a native and citizen of Honduras, was arrested near Brackettville, Texas. Subsequent investigation revealed that the defendant is an alien illegally present in the United States. The Defendant last entered the United States illegally from the Republic of Mexico by crossing the Rio Grande River at a time and place other than as designated by Immigration Officers, near Eagle Pass, Texas."*

Continued on the attached sheet and made a part of hereof:

Yes  No

Sworn to before me and subscribed in my presence,

05/06/2014  
File Date

at DEL RIO, Texas  
City and State

VICTOR ROBERTO GARCIA  
U.S. MAGISTRATE JUDGE

  
Signature of Complainant

  
Signature of Judicial Officer

**UNITED STATES DISTRICT COURT**  
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§ CRIMINAL COMPLAINT

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**JUDGEMENT IN A CRIMINAL CASE  
(For A Petty Offense) - Short Form**

The defendant, Elmer Cipriano Santos, was presented by counsel, Diana S. Aguilar.

The defendant pled guilty to the complaint on May 07, 2014. Accordingly, the defendant is adjudged guilty of the following offense(s):

<b><u>Title &amp; Section</u></b>	<b><u>Nature of Offense</u></b>	<b><u>Date of Offense</u></b>
8 USC 1325	ILLEGAL ENTRY	May 04, 2014

As pronounced on May 07, 2014, the defendant is hereby committed to the custody of the United States Bureau of Prisons for a term of 10 days with credit for time already served. The sentence is imposed to the Sentencing Reform Act of 1984.

The special assessment imposed pursuant to 18 U.S.C. § 3013 is hereby remitted pursuant to 18 U.S.C. § 3573 because of reasonable efforts to collect this assessment are not likely to be effective.

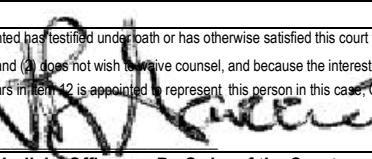
The fine is waived because of the defendant's inability to pay.

It is further ordered that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this Judgement are fully paid.

Filed and Signed on this the 8th day of May, 2014.



VICTOR ROBERTO GARCIA  
U.S. MAGISTRATE JUDGE

1. CIR./DIST./DIV. CODE TXW	2. PERSON REPRESENTED (1) Elmer Cipriano Santos	VOUCHER NUMBER				
3. MAG. DKT/DEF. NUMBER DR:14-M-05277(1)	4. DIST.DKT./DEF.NUMBER	5. APPEALS DKT./DEF.NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. vs. (1) Elmer Cipriano Santos	8. PAYMENT CATEGORY Petty Offense	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 8 USC 1325(a)(1) - IMPROPER ENTRY BY AN ALIEN 8 USC 1325(a)(1)						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Aguilar, Diana S. P.O. Box 792184 San Antonio, TX 78279		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs for Federal Defender <input type="checkbox"/> P Subs for Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to have counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court 05/06/2014 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)		CLAIM FOR SERVICES AND EXPENSES				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	FOR COURT USE ONLY
15. a. Arraignment and/or Plea IN b. Bail and Detention Hearings c. Motion Hearings C d. Trial O e. Sentencing Hearings U f. Revocation Hearings R g. Appeals Court T h. Other (Specify on additional sheets)						
(RATE PER HOUR = \$ ) TOTALS:						
16. a. Interviews and Conferences O b. Obtaining and reviewing records U c. Legal research and brief writing T d. Travel time e. Investigative and other work (Specify on additional sheets)						
(RATE PER HOUR = \$ ) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.) 18. Other Expenses (other than expert, transcripts, etc.)						
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.						
I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____						
<b>APPROVED FOR PAYMENT - COURT USE ONLY</b>						
23. IN COURT COMP.	24. OUT OF COURT COMP	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.		
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPR./CERT.		
34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE		